

Table 5.12: Percent Reporting Incontinence^{1,2}

Incontinence Status	Total (N=1002)	Age Group			Disability Level		
		65-74 (N=388)	75-84 (N=311)	85+ (N=303)	Moderate ³ (N=343)	ADL Difficulty	
						Receives No Help (N=478)	Receives Help (N=181)
Do you ever lose control of normal bowel movements so that you soil yourself?							
All the time ⁴	0.8	0.8	0.9	0.4	1.0	0.3	1.5
Occasionally	18.1	16.7	18.3	21.5	10.9	20.0	27.6
Colostomy/ileostomy	0.5	0.5	0.5	0.9	0.1	0.7	0.9
In the last year have you had any problem with losing control of your urine . . . ?							
A. When you cough, sneeze, laugh, or lift things Yes	40.4	42.6	40.7	33.0	37.7	42.7	39.3
B. Because you could not get to the toilet quickly enough Yes	50.9	50.7	52.0	48.7	42.6	52.4	64.1
If yes to both A and B	27.3	29.6	25.5	25.8	21.3	29.0	35.4
Any episode of urinary incontinence ⁵	64.6	64.8	67.1	57.5	59.5	66.8	69.3
During the past month, how often have you lost control of your urine? ⁶							
Several times a day	7.4	5.8	8.3	9.7	5.5	8.4	8.8
Once a day	6.2	5.5	7.4	5.3	6.1	6.1	7.1
Several times a week	9.5	10.3	8.8	9.3	8.0	8.8	14.8
Once a week	7.5	8.5	7.2	5.5	7.4	8.6	4.4
Less than once a week	23.0	23.4	23.4	20.7	21.2	24.5	22.6
No incontinence in past month ⁷	45.3	45.2	44.0	49.2	51.8	43.4	37.1
When you lose control of your urine, approximately how much do you lose? ⁶							
More than ¼ cup	7.9	7.4	8.9	6.7	5.0	8.0	13.7
1 teaspoon to ¼ cup	14.3	13.1	14.9	16.4	13.4	14.2	16.4
Less than or equal to 1 teaspoon	13.6	16.1	11.9	10.7	9.2	16.4	14.7
A few drops	27.8	27.3	30.2	23.0	31.4	27.8	20.4
No incontinence in past year ⁸	35.4	34.9	33.1	42.9	41.0	33.4	29.4
Currently catheterized ⁹	1.0	1.3	1.0	0.4	0.0	0.2	5.2

(Women's Health and Aging Study, baseline interview, 1992-1995)

¹ All variables have less than 1% missing data. Results are based on non-missing data.

² Descriptive statistics are based on weighted data.

³ No ADL difficulty; disabled in two more domains (see Chapter 1).

⁴ Frequency was determined by the response to "Do you have occasional soiling or does it happen all the time?"

⁵ Responded "Yes" to (1) at least one of the questions about urinary incontinence above or (2) In the last year have you had any problems with accidentally losing control of your urine or bladder function that is, do you wet yourself?

⁶ Categories in this item plus "Currently Catheterized" may not add up to 100% due to rounding.

⁷ Responded "Never" to this question or "No" to all three questions about losing control of urine in the past year.

⁸ "No" to all three questions about losing control of urine in the past year.

⁹ Determined by a response of "Catheterized" to the question about losing control of urine in the past year, or to the question "How many times during a typical night do you get up to urinate?"